

# **e-PP-11 : A patient with Glanzmann thrombasthenia recurrent deep vein thrombosis, and pulmonary embolism with pulmonary hypertension in a delivery suite**

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## **Introduction**

Glanzmann thrombasthenia (GT), firstly described in 1918 is a rare, autosomal recessive platelet disorder manifested by a lack of the glycoprotein IIb–IIIa complex in the platelet membrane with normal platelet counts, severely impaired platelet aggregation, and a bleeding tendency.

## **Case report**

An 18-years-old primipara, a known case of Glanzmann thrombasthenia, recurrent deep vein thrombosis (DVT), and pulmonary embolism (PE) with pulmonary hypertension was treated with warfarin and sildenafil. While on treatment, she conceived. She was booked in the antenatal clinic. Her antenatal period was eventful as she required intensive follow up with obstetrician, cardiologist and haematologist. Throughout her antenatal period she was on Sildenafil and low molecular weight heparin (LMWH). Fetal growth was satisfactory. Elective caesarean section was performed under general anaesthesia at 37 weeks of pregnancy. Prior to section, LMWH was omitted and platelets were transfused. Surgery was uneventful. A live baby girl 2.29 kg was delivered. Post-op period was uneventful. She was discharged on oral warfarin.

## **Discussion**

As she had pulmonary hypertension normal delivery strains may affect her cardiac status. Because of GT, operative delivery had the risk of haemorrhage. Pregnancy itself is prothrombotic state and this would further increase the risk of DVT and PE. After considering all these pros and cons, delivery was planned and successfully performed without post operative problems.